

PATENT APPLICATION DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/534602

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|----------------------------------|---|---|
| S. NATIONAL STAGE FEES | | |
| ISIC FEE | SMALL ENT. = \$ 150 | LARGE ENT. = \$ 300 |
| AMINATION FEE | Satisfies PCT Article 33(1)- (4) = \$ 50 / \$ 100 | All other situations = \$ 100 / \$ 200 |
| SEARCH FEE | U.S. & ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400 | All other situations = \$ 250 / \$ 500 |
| IE FOR EXTRA SPEC. PGS. | minus 100 = | / 50 = |
| ITAL CHARGEABLE CLAIMS | 10 minus 20 = | 0 |
| DEPENDENT CLAIMS | 1 minus 3 = | 0 |
| multiple dependent claim present | | <input type="checkbox"/> |

If the difference in column 1 is less than zero, enter "0" in column 2

| SMALL ENTITY TYPE | OR | OTHER THAN SMALL ENTITY |
|----------------------|----|-----------------------------|
| BASIC FEE | | RATE OR BASIC FEE 300 |
| EXAM. FEE | | EXAM. FEE 200 |
| SEARCH FEE | | SEARCH FEE 400 |
| X \$ 125 = | | X \$ 250 = |
| X \$ 25 = | | X \$ 50 = |
| X \$ 100 = | | X \$ 200 = |
| + \$ 180 = | | + \$ 360 = |
| TOTAL | | TOTAL 900 |

5/11/05 CLAIMS AS AMENDED - PART II

Same

| | (Column 1) | (Column 2) | (Column 3) |
|---|---|------------|---|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total | 10 | minus | 20 = 0 |
| Independent | 1 | minus | 3 = 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| SMALL ENTITY | OR | OTHER THAN SMALL ENTITY |
|---------------------|-------------------|----------------------------|
| RATE | ADDITIONAL FEE | RATE |
| X \$ 25 = | | X \$ 50 = |
| X \$ 100 = | | X \$ 200 = |
| + \$ 180 = | | + \$ 360 = |
| TOTAL ADDIT. FEE | | TOTAL ADDIT. FEE |

| | (Column 1) | (Column 2) | (Column 3) |
|---|---|------------|---|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total | 10 | minus | 22 = 1 |
| Independent | 1 | minus | 3 = 1 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| ADDITIONAL FEE | OR | ADDITIONAL FEE |
|---------------------|-----------|---------------------|
| RATE | X \$ 50 = | |
| X \$ 100 = | | X \$ 200 = |
| + \$ 180 = | | + \$ 360 = |
| TOTAL ADDIT. FEE | | TOTAL ADDIT. FEE |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" in THIS SPACE is less than "20", enter "20".

If the "Highest Number Previously Paid For" in THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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